Revision: HCFA-PM-87-4

MARCH 1987

(BERC)

OMB No.: 0938-0193

State/Territory:

Guam

Citation

447.51 through

447.58

(a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under

42 CFR 447.54.

4.18 Cost Sharing and Similar Charges

1916(a) and (b) of the Act, P.L. 99-509 (Sec. 9403(g)(4)) (b) With respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

- (1) No enrollment fee, premium, or similar charge is imposed under the plan.
- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
 - (i) Services to individuals under age 18, of under--

// Age 19

/ / Age 20

/ / Age 21

Reasonable categories of individuals who are age 18 but under age 21 to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

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Effective Date

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Citation 447.51 - 58 4.18(b) (2) (Continued)

(iii) All services furnished to pregnant women.

// Not applicable, Charges apply for services to pregnant women unrelated to the pregnancy.

- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
- (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.
- (vii) Services furnished by a health maintenance organization in which the individual is enrolled.
- 1916 of the Act, P.L. 99-272, (Section 9505)
- (viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN NO. Supersedes

9 1987 Approval Date SEP

OMB-No. 0938-0193 Revision: HCFA-PM-86-20 (BERC) SEPTEMBER 1986 State/Territory: 4.18(b) (Continued) <u>ation</u> 51 - 58 (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above. /X/ Not applicable. No such charges are imposed. (i) For any service, no more than one type of charge is imposed. (ii) Charges apply to services furnished to the following age groups: / / 18 or older / / 19 or older // 20 or older

// 21 or older

// Charges apply to services furnished to the following reasonable categories of

of age or older but under age 21.

individuals listed below who are 18 years

TN NO. 87.22 Supersedes

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<u>Citation</u> 447.51 - 58 4.18(b) (3) (Continued)

(iii) ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
 - // Not applicable. There is no maximum.

TN NO. $\frac{\xi7-2}{\text{Supersedes}}$ TN NO. $\frac{\xi7-2}{5-2}$

Approval DateSFP 9 1987

Effective Date 7/1/87

Revision: HCFA-PH-86-20 SEPTEMBER 1986	(BERC)	ОМВ-Ио. 0938-0193
State/Territory	GUAM GUAM	
	Individuals are cover the plan. No. Yes. With respect the imposed. Yes. ATTACH amount of and charges subject charges in 42 State's policy recipients of	red as medically needy under ct to them: e, premium or similar charge is le. No such charge is imposed. MENT 4.18-B specifies the liability period for such ect to the maximum allowable CFR 447.52(b) and defines the cy regarding the effect on fon-payment of the enrollment, or similar charge.

TN NO. 87-2 Supersedes TN NO. 85-7 Approval Date SEP 9 1987

Effective Date 7/1/87

-	Revision: HCFA-PM-86-20 SEPTEMBER 1986	(BERC)		OMB-No. 0938-0193
	State/Territor	y:	GUAM	
	<u>Citation</u> 4.18(c) 447.51 - 58	sim	deductible, coin	surance, copayment, or mposed under the plan for
		(i)	Services to indunder	ividuals under age 18, or
			/ Age 19	
			/_/ Age 20	
			<u>/</u> / Age 21	
			are age 18 but	gories of individuals who under age 21 to whom charges I below, if applicable:
		(ii)	pregnancy or any	nant women related to the other medical condition eate the pregnancy.
		•		

NO. 87-2 SEP 9 1987

persedes Approval Date Bffective Date 07/1

Revision: HCFA-PM-86-20 (BERC)

SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory:

GUAM

<u>Citation</u> 447.51 - 58 4.18(c) (2) (Continued)

(iii) All services furnished to pregnant women.

- // Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
- (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act, P.L. 99-272 (Section 9505) (vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN NO. 87-2 Supersedes TN NO. 85-7

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Effective Date

Revision: HCFA- SEPTEMBER 1986	-P H-86- 20	(BERC)	OMB-No. 0938-0193
Stat	te/Territory	/:	GUAM
<u>Citation</u> 447.51 - 58	4.18(c)		ntinued) Services provided by a health maintenance organization (HMO) to enrolled individuals
			// Not applicable. Wo such charges are imposed.
		nom sim are	ess a waiver under 42 CFR 431.55(g) applies inal deductible, coinsurance, copayment, or ilar charges are imposed on services that not excluded from such charges under item (2) above.
			Not applicable. No such charges are imposed.
		(i)	For any service, no more than one type of charge is imposed.
		(ii)	Charges apply to services furnished to the following age group:
			// 18 or older
			// 19 or older
			// 20 or older
			Reasonable categories of individuals who are 18 years of age but under 21 to whom charges apply are limitable.

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State/Territory:

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<u>Citation</u> 447.51-58

4.18(c) (3) (Continued)

(iii) ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining
 the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
 - // Not applicable. There is no maximum.

N NO. 87-2 upersedes N NO.

Approval Date D 0 1007

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